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STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typyir is changed) over the lines	
GREGGPAC		
ADDRESS (number and s	treet) 120 NORTH CONGRESS STREET #300)
(Check if address is changed)	JACKSON	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) pbreazeale@bsoltd.com L L L L L L L L L L	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address is changed)	n/a 	
2. DATE M M M	/ D D / Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00455980	
4. IS THIS STATEM	ENT NEW (N) OR X AMENI	DED (A)
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is tri	ue, correct and complete
Signature of Treasurer	Electronically Filed by Paul Breazeale	Date 03 / 24 / 2009
NOTE: Submission of fale	se, erroneous, or incomplete information may subject the person sign	
Office Use Only		nformation contact: tion Commission 0-424-9530 (Revised 02/2009)